

# TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

**BATTLE ROSTER #:** \_\_\_\_\_

**EVAC:** ☐ Urgent ☐ Priority ☐ Routine

**NAME** (Last, First): \_\_\_\_\_ **LAST 4:** \_\_\_\_\_

**GENDER:** ☐ M ☐ F **DATE** (DD-MMM-YY): \_\_\_\_\_ **TIME:** \_\_\_\_\_

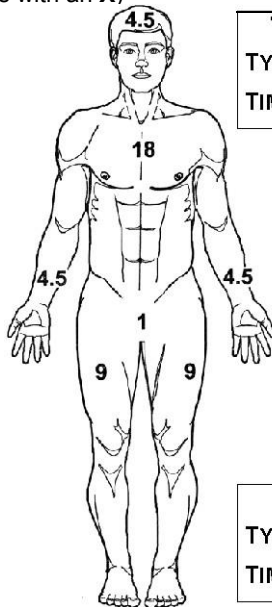
**SERVICE:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

**Mechanism of Injury:** (X all that apply)

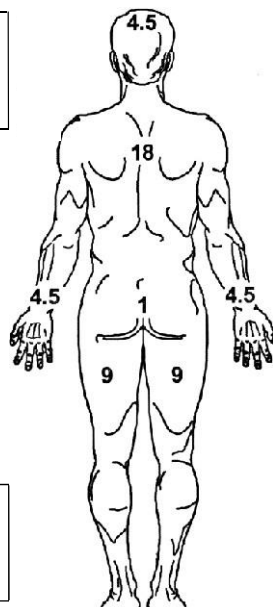
- ☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED  
☐ Landmine ☐ MVC ☐ RPG ☐ Other: \_\_\_\_\_

**Injury:** (Mark injuries with an X)

**TQ: R Arm**  
**TYPE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_



**TQ: L Arm**  
**TYPE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_



**TQ: R Leg**  
**TYPE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_

**TQ: L Leg**  
**TYPE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_

**Signs & Symptoms:** (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				